

NEW JERSEY COMMISSION ON BRAIN INJURY RESEARCH

GRANT APPLICATION MULTI-INVESTIGATOR PROJECT GRANT INSTRUCTIONS

Please follow these instructions carefully.

Type your application clearly using font style and size Arial #11 or greater within the space and word limit provided.

The original (signed) and 25 copies of the application package must be provided, plus 5 sets of appendices.

Forward the entire package to:

Mailing Address:

New Jersey Commission on
Brain Injury Research
PO Box 360
Trenton, NJ 08625-0360

Overnight Services (UPS, FedEx, Airborne):

New Jersey Commission on
Brain Injury Research
Health-Agriculture Building, 5th Floor
Warren and Market Streets
Trenton, NJ 08611

NJCbir Research Guidelines outline the application process. These Research Guidelines should be read carefully before completing the application form. The Research Guidelines and the New Jersey Department of Health and Senior Services Policy for Investigating and Reporting Instances of Alleged or Apparent Misconduct Involving Scientific Research are available for review at <http://www.nj.gov/health/njcbir>.

The New Jersey Commission on Brain Injury Research wishes to express its appreciation for your interest. You may contact us directly at (609) 633-6465 for assistance in the completion of the Grant Application.

NEW JERSEY COMMISSION ON BRAIN INJURY RESEARCH (NJCBIR)

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Type the name of the Program Director at the top of each printed page and each continuation page.

Number all proposal pages sequentially after form page 11, and insert appropriate page numbers in this Table of Contents in the blanks below.

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Sub-project narratives are limited to 10 pages maximum, including all figures and tables, but excluding cited literature. The applicant may supply enlarged versions of figure images in the appendix if he/she chooses.

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- B. Research Plan
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New Jersey Commission on Brain Injury Research
GUIDELINES AND POLICIES

Name of Program Director:

MULTI-INVESTIGATOR APPLICATION

The Multi-Investigator application includes 4 or more individual investigator sub-projects that study traumatic brain injury. The goal of this mechanism is to enhance in-depth mechanistic analysis and promote translational research that cannot be accomplished within the context of the Individual Investigator application. The application will contain 4 or more proposals each of which uses the individual application format, and includes individual sub-project budget, biographical sketch, other support, resources and environment, narrative, collaborative arrangements and appendix. In addition, the Program Director, representing one of the applicants, will write the Overall Program Rationale section (5-10 pages) that justifies the need for a multi-investigator project. There must be compelling scientific reasons for applying as a Program, not simply reflecting matters of geography (e.g., all on the same campus), relatedness (e.g., we all study the same cell type) or use of common equipment (e.g., confocal microscope). If these criteria cannot be met, proposals will be more competitive as individual applications. In addition to the individual project budgets, there will also be a Total Program budget section.

For each sub-project, the following applies:

1. The New Jersey Commission on Brain Injury Research will support up to 10% of the Principal Investigator's salary (base plus fringe), up to a maximum of \$15,000 per year.
2. All equipment purchases of \$1,000.00 or more require a detailed description and justification.
3. The New Jersey Commission on Brain Injury Research allows a maximum of \$1,500.00 per year for travel to a scientific meeting related to brain injury research.
4. The New Jersey Commission on Brain Injury Research does not support funding of training or tuition reimbursement.
5. The New Jersey Commission on Brain Injury Research does not support:
 - Building construction, maintenance or major alterations
 - Secretarial and telephone services
 - Library services including the purchasing and binding of books and periodicals
 - Furniture for laboratories and office equipment and supplies, including PDA's and cell phones
 - Dues for membership and registration fees in scientific societies or at professional meetings
 - Recruiting and relocation expenses.

EXPENDITURES

Minor reassignments of funds may be made by the Program Director of up to 10% of the total annual budget. Any changes, which exceed 10%, require the approval of the NJCBIR.

(Continued on next page.)

New Jersey Commission on Brain Injury Cord Research

GUIDELINES AND POLICIES

Name of Program Director:

PAYMENTS

Cost reimbursement or advance payment methods may be implemented for new and renewal grants upon request and approval by the NJCBIR. Payments may be withheld if Financial Reports, Grant Continuation Applications, annual Progress Reports, annual Narrative Reports, or Final Narrative Reports are outstanding. All payment arrangements will be reviewed on an individual basis.

FINANCIAL REPORTING

Individual accounts must be established for each grant type. Accurate records, including documentation of all transactions must be maintained. Financial reporting forms are provided by the NJCBIR and available at www.nj.gov/health/njcbir.

All interim Financial Reports must be submitted at the end of each quarterly period. The interim Financial (quarterly) Reports are due October 20, January 20, April 20 and July 20. All Financial Reports must have the signature of the financial officer of the organization/institution, and must be submitted no later than the 20th day of the month immediately following the end of the reporting period. The NJCBIR or its designated representative reserves the right to audit accounts at any time.

Over expenditures, commitments not paid within 60 days of termination, or expenditures made prior to the activation date are not the responsibility of the NJCBIR.

A Final Financial Report, together with a refund of any unexpended funds, must be made within 60 days of termination date. This Final Financial Report should be reviewed and signed by the financial officer of the organization/institution. All records must be retained for 7 years from the date of the Final Financial Report. In the case of an audit or litigation, this period may be extended until completion of said action.

MULTI-INVESTIGATOR GRANTS

Two-year awards are made through one-year contracts. Each funding award within the two-year period will be contingent upon the availability of funds. Second-year support for all grants is contingent upon submission and approval of a comprehensive progress report. All progress reports must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCBIR for continued funding. A final progress report is required for all 1- and 2-year awards within 3 months after termination of the grant. All forms are available at www.nj.gov/health/njcbir.

VERTEBRATE OR HUMAN SUBJECTS

Funding of an approved grant involving the use of vertebrate or human subjects will not commence until all applicable IRB or IACUC approvals have been received by the grantee, and copies of final IRB or IACUC approvals are received by the Commission.

PUBLICATIONS AND PATENTS

Publications and presentations resulting from research supported by the NJCBIR must acknowledge such as "Assisted by grant number.....from the New Jersey Commission on Brain Injury Research." Grantees should provide 3 reprints of any such articles to the NJCBIR office. Decisions and dispositions regarding patents on discoveries made while under grant from the NJCBIR must be made with the approval of the NJCBIR.

(Continued on next page.)

New Jersey Commission on Brain Injury Cord Research
GUIDELINES AND POLICIES

Name of Program Director:

OWNERSHIP OF EQUIPMENT

Equipment purchased for the purpose of research covered in grants from the NJCBIR is for the sole use of the Program Director (applicant) and collaborators. However, title of such equipment shall be vested in the organization/institution. Transfer to another institution will not be allowed without written permission from the NJCBIR.

CANCELLATION AND TRANSFER

The NJCBIR is not responsible for expenses incurred after cancellation of the grant. All unexpended funds must be returned to the NJCBIR. Upon written approval from the NJCBIR, grants may be transferred from one institution to another within the State of New Jersey.

COMPLIANCE WITH EXISTING LAW

The applicant organization/institution, as grantee, agrees to assure that all activities in the performance of the grant are in compliance with all state, federal, or municipal laws. Failure to comply with such laws is grounds for termination of the grant.

INDEMNIFICATION

The applicant organization/institution is solely responsible to keep, save, and hold the State of New Jersey and the New Jersey Commission on Brain Injury Research harmless from all claims, losses, liabilities, expenses or damages.

Name of Authorized Institutional Official (Print)	Title	
Signature	Date	

New Jersey Commission on Brain Injury Research

GRANT APPLICATION

(Type or print all data.)

FOR STATE USE ONLY	
NJCBIR Number	
Spending Plan Number	
Funding Authorization Number(s)	
1. Name of Program Director	2. Email Address
3. Name of Organization	4. Telephone No.
5. Street Address	City County State Zip Code
6. Name of Fiscal Contact	7. Telephone No.
8. Title of Fiscal Contact	9. Email Address
10. Street Address	City County State Zip Code
11. Employer ID No.	12. Location Where Payments Are Made
13. Type of Agency (check one) <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Hospital <input type="checkbox"/> Private Profit <input type="checkbox"/> Other:	
14. Agency Fiscal Year End	15. Agency Accounting System: <input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual Basis <input type="checkbox"/> Other:
16. Type of Request <input type="checkbox"/> One Year Grant <input type="checkbox"/> Multi Year Grant	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 17. a. Year 1 Period (Mo/Day/Yr) From: _____ Through: _____ Amount: \$ _____ </div> <div style="width: 48%;"> b. Total Project Period (Mo/Day/Yr) From: _____ Through: _____ Amount: \$ _____ </div> </div>	
18. Vertebrate Animals (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, approval date: _____	a. Animal Welfare Assurance No.:
19. Human Subjects (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes	a. Human Subjects Assurance No.:
b. IRB Review Type (check one) <input type="checkbox"/> Full IRB <input type="checkbox"/> Expedited <input type="checkbox"/> Exempt (Please provide official documentation)	
Program Director Assurance: I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.	
20. Signature of Program Director (In Ink, "Per" signature not acceptable)	Date
Certification: The applicant certifies that to the best of his/her knowledge and belief, all data supplied in this application and attachments are true and correct, the document has been duly authorized by the governing body of the applicant, and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulations and rules issued by the New Jersey Department of Health and Senior Services which include provisions described in grant application instructions.	
21. Name and Title of Official Signing for Applicant Organization	
22. Signature of Official	Date

New Jersey Commission on Brain Injury Research
ABSTRACT OF MULTI-INVESTIGATOR PROGRAM RESEARCH PLAN

Name of Program Director:		
Key Professional Personnel Engaged on Project		
Sub-Project Title and Principal Investigator Name	Position Title	Department and Organization
<p>Abstract of Research Plan: State the application's long-term objectives and specific aims, making reference to the brain injury related aspect of the project, and describe concisely the methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. The abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. (WORD LIMIT = 300)</p>		
Vertebrate Animals Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," identify by common names and underline primates.		

New Jersey Commission on Brain Injury Research
LAY ABSTRACT OF MULTI-INVESTIGATOR PROGRAM RESEARCH PLAN

Name of Program Director

Please describe your research project in simple, non-technical language that is understandable by a person not trained in science. Include in your discussion: 1) the significance of your project to developing effective interventions and cures for disabilities and other consequences of brain injury as noted in the program guidelines; and 2) any special value it might have for the citizens of New Jersey. This abstract is meant to serve as a public description of the proposed research and, should the award be made, it will be used in press releases and various NJCBIR publications.

Project Title (do not exceed 80 spaces):

Please provide a one sentence description of your project:

Description (Do not exceed space provided. Type in single spaced format.):

New Jersey Commission on Brain Injury Research
RELATIONSHIP TO NJCBIR PRIORITIES

Name of Program Director
Project Title (do not exceed 80 spaces)
Relationship to NJCBIR Priorities: Please describe how your research project relates to priorities established by the New Jersey Commission on Brain Injury Research. (WORD LIMIT = 300)
Description:

New Jersey Commission on Brain Injury Research

DETAILED BUDGET FOR FIRST 12 MONTHS OF MULTI-INVESTIGATOR BUDGET PERIOD

Name of Program Director					
From		Through		Dollar Amount Requested (omit cents)	
Personnel					
No.	Sub-Project Name	Sub-Project Principal Investigator			Total Salary Plus Fringe Benefits
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Sub-Total					
No.	Equipment	Supplies	Travel	Other	Total Expense by Category
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Sub-Total					
Consultant/Professional Services Cost					
Total Direct Costs					
Total Indirect Costs (10% of Direct Costs)					
Total Direct and Indirect Costs for the First Year					

New Jersey Commission on Brain Injury Research
BUDGET FOR ENTIRE PROPOSED MULTI-INVESTIGATOR BUDGET PERIOD

Name of Program Director			
Budget Category Totals	First Budget Period (From Previous Page)	Second Budget Period	Column Totals
Personnel (Salary and Fringe Benefits)			
Equipment			
Supplies			
Travel			
Other Expenses			
Consultant/Professional Service Cost			
Total Direct Costs			
Indirect Costs (10% of Direct Costs)			
Total for Entire Proposed Project Period (Direct and Indirect Costs)			

New Jersey Commission on Brain Injury Research
DETAILED BUDGET FOR FIRST 12 MONTH SUB-PROJECT BUDGET PERIOD

(Replicate Sub-Project Budget pages as needed.)

Name of Program Director			Sub-Project Number	
From		Through		Dollar Amount Requested (omit cents)
Personnel				
Name	Position Title	Type PPT (Months)	% Effort on Project	Total Salary Plus Fringe Benefits
	Principal Investigator			
Sub-Total				
Equipment (Itemize)				
Supplies (Itemize by category)				
Travel				
Other Expenses (Itemize by category)				
Consultant/Professional Services Cost				
Total Direct Costs				
Total Indirect Costs (10% of Direct Costs)				
Total Direct and Indirect Costs for the First Year				

New Jersey Commission on Brain Injury Research
BUDGET FOR ENTIRE PROPOSED SUB-PROJECT BUDGET PERIOD

(Replicate Sub-Project Budget pages as needed.)

Name of Program Director		Sub-Project Number	
Budget Category Totals	First Budget Period (From Previous Page)	Second Budget Period	Column Totals
Personnel (Salary and Fringe Benefits)			
Equipment			
Supplies			
Travel			
Other Expenses			
Consultant/Professional Service Cost			
Total Direct Costs			
Indirect Costs (10% of Direct Costs)			
Total for Entire Proposed Project Period (Direct and Indirect Costs)			
<p>Justification (limit to one continuation page) Describe the specific functions of the personnel. If a recurring annual increase in personnel costs is anticipated, give the percentage. For both years, justify any costs for which the need may not be obvious. For any additional years of support requested, justify any significant increases in any category over the first 12-month budget period.</p>			

New Jersey Commission on Brain Injury Research
BUDGET FOR ENTIRE PROPOSED SUB-PROJECT BUDGET PERIOD

(Replicate Sub-Project Budget pages as needed.)

Name of Program Director	Sub-Project Number
Justification (continued)	

New Jersey Commission on Brain Injury Research
BIOGRAPHICAL SKETCH

Name of Program Director	Sub-Project Number
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The applicant may submit an NIH Biographical Sketch as an alternative, up to 3 pages.
Give the following information for key professional personnel listed on Abstract of Research Plan, beginning with the Principal Investigator; use continuation page as needed. Repeat the Biographical Sketch for each person.

Name	Title		
Education (Begin with baccalaureate or other initial professional education and include postdoctoral training)			
Institution and Location	Degree	Year Conferred	Field of Study
Research and/or Professional Experience Concluding with present position, list in chronological order previous employment, experience, and honors. List in chronological order, the titles and complete references to all relevant publications.			

New Jersey Commission on Brain Injury Research
BIOGRAPHICAL SKETCH, CONTINUED

Name of Program Director	Sub-Project Number
Name	
Research and/or Professional Experience, Continued	

New Jersey Commission on Brain Injury Research
BIOGRAPHICAL SKETCH

Name of Program Director	Sub-Project Number
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The applicant may submit an NIH Biographical Sketch as an alternative, up to 3 pages.
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New Jersey Commission on Brain Injury Research
BIOGRAPHICAL SKETCH, CONTINUED

Name of Program Director	Sub-Project Number
Name	
Research and/or Professional Experience, Continued	

New Jersey Commission on Brain Injury Research
BIOGRAPHICAL SKETCH

Name of Program Director	Sub-Project Number
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New Jersey Commission on Brain Injury Research
BIOGRAPHICAL SKETCH, CONTINUED

Name of Program Director	Sub-Project Number
Name	
Research and/or Professional Experience, Continued	

New Jersey Commission on Brain Injury Research
BIOGRAPHICAL SKETCH

Name of Program Director	Sub-Project Number
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Institution and Location	Degree	Year Conferred	Field of Study
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New Jersey Commission on Brain Injury Research
BIOGRAPHICAL SKETCH, CONTINUED

Name of Program Director	Sub-Project Number
Name	
Research and/or Professional Experience, Continued	

New Jersey Commission on Brain Injury Research
OTHER SUPPORT

Name of Program Director	Sub-Project Number
<p>For each of the professionals named in the Abstract of Research Plan, list: 1) active support, and 2) applications and proposals pending review or funding. Include all Federal, non-Federal, and institutional grant and contract support. If none, state "None." For each item, give the source of support, identifying number, project title, name of principal investigator, time or percent of effort on the project by professional named, annual direct costs, and entire period of support. (If part of a larger project, provide the titles of both the parent project and the sub-project and give the annual direct costs for each.) Describe the contents of each item listed. If any of these overlap, duplicate, or are being replaced or supplemented by the present application, delineate and justify the nature and extent of the scientific and budgetary overlaps or boundaries. USE CONTINUATION PAGES AS NEEDED.</p> <div style="border: 1px solid black; height: 600px; margin-top: 10px;"></div>	

New Jersey Commission on Brain Injury Research
OTHER SUPPORT

Name of Program Director	Sub-Project Number
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New Jersey Commission on Brain Injury Research
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Name of Program Director	Sub-Project Number
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New Jersey Commission on Brain Injury Research
OTHER SUPPORT

Name of Program Director	Sub-Project Number
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New Jersey Commission on Brain Injury Research
RESOURCES AND ENVIRONMENT

Name of Program Director

Sub-Project Number

Facilities:

Identify the facilities to be used at the applicant organization, i.e., laboratory, clinical, animal, computer, office, and other, and briefly indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Also describe facilities at any other performance sites, and at sites for field studies. USE ONE CONTINUATION PAGE IF NECESSARY.

New Jersey Commission on Brain Injury Research
RESOURCES AND ENVIRONMENT, CONTINUED

Name of Program Director	Sub-Project Number
<p>Major Equipment: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.</p>	
<p>Additional Information: Provide any other information describing the environment for the project. Identify support services such as consultants, secretarial, machine shop and electronics shop, and the extent to which they will be available to the project.</p>	

New Jersey Commission on Brain Injury Research

RESOURCES AND ENVIRONMENT

Name of Program Director	Sub-Project Number
<p>Facilities: Identify the facilities to be used at the applicant organization, i.e., laboratory, clinical, animal, computer, office, and other, and briefly indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Also describe facilities at any other performance sites, and at sites for field studies. USE ONE CONTINUATION PAGE IF NECESSARY.</p>	

New Jersey Commission on Brain Injury Research
RESOURCES AND ENVIRONMENT, CONTINUED

Name of Program Director	Sub-Project Number
<p>Major Equipment: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.</p>	
<p>Additional Information: Provide any other information describing the environment for the project. Identify support services such as consultants, secretarial, machine shop and electronics shop, and the extent to which they will be available to the project.</p>	

New Jersey Commission on Brain Injury Research

RESOURCES AND ENVIRONMENT

Name of Program Director	Sub-Project Number
<p>Facilities: Identify the facilities to be used at the applicant organization, i.e., laboratory, clinical, animal, computer, office, and other, and briefly indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Also describe facilities at any other performance sites, and at sites for field studies. USE ONE CONTINUATION PAGE IF NECESSARY.</p>	

New Jersey Commission on Brain Injury Research
RESOURCES AND ENVIRONMENT, CONTINUED

Name of Program Director	Sub-Project Number
<p>Major Equipment: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.</p>	
<p>Additional Information: Provide any other information describing the environment for the project. Identify support services such as consultants, secretarial, machine shop and electronics shop, and the extent to which they will be available to the project.</p>	

New Jersey Commission on Brain Injury Research

RESOURCES AND ENVIRONMENT

Name of Program Director	Sub-Project Number
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New Jersey Commission on Brain Injury Research
RESOURCES AND ENVIRONMENT, CONTINUED

Name of Program Director	Sub-Project Number
<p>Major Equipment: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.</p>	
<p>Additional Information: Provide any other information describing the environment for the project. Identify support services such as consultants, secretarial, machine shop and electronics shop, and the extent to which they will be available to the project.</p>	

MULTI-INVESTIGATOR PROJECT RATIONALE AND SUB-PROJECT NARRATIVES

The Program Director should write an Overall Program Rationale section (5 - 10 pages) that justifies the need for Multi-Investigator Project. There must be compelling scientific reasons for applying as a Program. Describe how such projects interrelate and discuss how results from one project may impact the activities of other participating investigators.

Proposal narrative limited to 10 pages maximum, including all figures and tables. Literature citations are not included in the ten-page maximum. The applicant may supply enlarged versions of figure images in the Appendix if he/she chooses.

NOTE:

A suggested word limit is provided for all narrative sections, but the final narrative may not exceed 10 pages total.

All narrative information must be single spaced and single sided.

Applicants should use Arial, Font Size 11 or larger with a margin of one-half inch or greater on all sides.

All photocopied information must be clear; any photographs must be viewable - not blackened out due to photocopying.

New Jersey Commission on Brain Injury Research

NARRATIVE

Name of Program Director	Sub-Project Number
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A. AIMS
Enumerate the specific aims/objectives of this research. Avoid vague generalities. **(TYPICALLY - 1000 WORDS)**

B. RESEARCH PLAN

1. Background and Significance:
Describe both theory and prior and current research related to your proposal. Critically assess current understanding of the problem being addressed. How does your research fit into the larger picture and how is it timely? Explain how successful completion of your project will likely impact on the development of new methods of treatment and/or cure of brain injuries. **(TYPICALLY - 1500 WORDS)**

2. Preliminary Data:
Please briefly describe preliminary data conducted in your lab or with your collaborators which supports your hypothesis and illustrates your ability to conduct the studies outlined. Include graphs, illustrations or figures which are relevant to the proposed experiments which will effectively summarize this data. You may reference publications in press or in submission, where appropriate. You may also provide published data as a supplement to your grant application in the appendix to your grant application. **(TYPICALLY - 1500 WORDS OR LESS)**

3. Methods and Experimental Design:
Outline the proposed experiment stating clearly what hypothesis is to be tested. As appropriate, this may be done either in terms of each specific aim described above or for the overall project so long as the methods of addressing each specific aim are described. Describe procedures and provide description of subjects to be studied, indicating sample size needed. With respect to research with humans, the availability of subjects and procedures for subject selection, the diagnostic instruments, if any, to be utilized, securing of consents, and any sedation or management strategies to alleviate anxiety and enhance cooperation should be specified. If new or untested procedures are to be used, estimate the degree of uncertainty involved. **(TYPICALLY - 2000 WORDS)**

C. CITED LITERATURE

New Jersey Commission on Brain Injury Research
COLLABORATIVE ARRANGEMENTS
(Replicate Sub-Project pages as needed.)

Name of Program Director

Sub-Project Number

Describe any collaborative arrangements established to perform the proposed studies. Justify the involvement of other investigators and/or institutions. Attach copies of letters from collaborators to confirm participation.

APPENDIX

The Appendix is limited to a maximum of 5 items. Please provide 5 sets of the Appendix.

NOTE:

All copied information must be clear and complete.

New Jersey Commission on Brain Injury Research
CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Name of Program Director

In accordance to Federal Executive Order 12549, "Debarment and Suspension," the undersigned certifies, to the best of his or her knowledge that as an applicant, this agency or its key employees:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey;
- b. have not within a 3-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense, in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transportation; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default.

The applicant agrees that by submitting this application, it will obtain from all its sub-grantees a certification that includes without modification paragraphs (a), (b), (c), and (d) of this certification in accordance with Federal Executive Order 12549.

Name of Agency

Name and Title of Official Signing for Agency

Signature of Above Official	Date Signed
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NOTE: The following document related to Debarment and Suspension as required by Federal regulations will be used as the basis for completion of this certification:

List of *parties excluded* from Federal Procurement or Non-Procurement Programs. This document is distributed by U.S. General Services Administration, U. S. Printing Office, Washington, D.C. This document can be acquired from the Superintendent of Documents by calling (202) 783-3238.

-TO BE RETAINED BY GRANTEE; FORWARD COPY TO NJCBIR-

New Jersey Commission on Brain Injury Research
CERTIFICATION REGARDING LOBBYING

Name of Program Director

The undersigned certifies, to the best of his/her knowledge that:

- a. No grant funds awarded from federal appropriations have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the grantee shall complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Contact the federal agency awarding the funds for a copy of form.
- c. The grantee shall require that the language of this compliance requirement (certification) be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Agency

Name and Title of Official Signing for Agency

Signature of Above Official	Date Signed
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-TO BE RETAINED BY GRANTEE; FORWARD COPY TO NJCBIR-

New Jersey Commission on Brain Injury Research
CERTIFICATION SHEET

Name of Program Director

INITIALS

I certify that this agency is in possession of and will comply with the Terms and Conditions for Administration of Grants and the applicable Cost Principles.

I have read the Certification Regarding Debarment and Suspension and certify to the best of my knowledge that as an applicant this agency and its key employees are in compliance with this requirement. I will also obtain such certification from all sub-grantees in accordance with Federal Executive Order 12549. This form will be maintained on file.

I have read the Certification Regarding Lobbying and, to the best of my knowledge, certify that this agency is in compliance. This form will be maintained on file.

I have read the Certification Regarding Environmental Tobacco Smoke and have determined that the provisions of the Pro-Children Act of 1994 apply to this agency and to the best of my knowledge, certify that this agency is in compliance with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. This form will be maintained on file in the agency's office.

I understand that my payments will depend on timely submission of all reports.

I have submitted a listing of the Officers and Directors and their addresses and will notify you in writing within ten days of any changes as they occur. For renewal applications, I have submitted only changes from the original submission.

I have previously completed and submitted the Agency Minority Profile.

The Statement of Local Health Officer has been sent to the Local Health Officer for signature on the date of our submission of the application to the New Jersey Department of Health and Senior Services.

N/A

I certify that this agency is not delinquent on any Federal or State debt.

As a non-profit corporation, I certify that this agency has 501(c)(3) status as required by the Internal Revenue Service and is registered as a charitable organization in accordance with N.J.S.A. 45:17A-18 et seq.

I have read, understand, and will comply with the instructions received with the grant application package.

Name of Agency

Name and Title of Official Signing for Agency

Signature of Above Official

Date Signed

New Jersey Commission on Brain Injury Research
AGENCY MINORITY PROFILE

Name of Program Director

The Department's Office of Minority Health has defined "minorities" as the four major race/ethnic minority populations (African Americans, Latinos/Hispanic, Asian/Pacific Islanders and American Indians/Eskimos) as well as linguistic minority populations who are either non-English speaking or have limited English proficiency.

Complete this form if your agency is requesting funds from this Department for the first time or has not received funds in the last two (2) years from the Department.

1. Is this a minority-managed organization?

☐ Yes ☐ No

a. If Yes, place a check on the applicable line(s).

- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ American Indian
- ☐ Asian/Pacific Islander
- ☐ White, Not of Hispanic Origin
- ☐ Other

2. Is this agency serving a large minority population?

☐ Yes ☐ No

a. If Yes, place a check on the applicable line(s).

- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ American Indian
- ☐ Asian/Pacific Islander
- ☐ White, Not of Hispanic Origin
- ☐ Other

3. Indicate all of the languages in which services are being provided by this organization, by placing a check on each applicable line:

- ☐ English
- ☐ Spanish
- ☐ French
- ☐ Creole
- ☐ Other

Name of Agency

Name and Title of Official Signing for Agency

Signature of Above Official

Date Signed

New Jersey Commission on Brain Injury Research
CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Name of Program Director

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract loan or loan guarantee. The law also applies to children's services provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the applicant/grantee (for grants) certifies that the submitting agency will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

Name of Agency	
Name and Title of Official Signing for Agency	
Signature of Above Official	Date Signed

-TO BE RETAINED BY GRANTEE; FORWARD COPY TO NJCBIR-

**STATE OF NEW JERSEY
W-9 / QUESTIONNAIRE**

THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9/VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF NJ. FOR ADDITIONAL INFORMATION CALL (609) 292-8124.

PART I. NAME/ADDRESS ▼ (REMIT TO)	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION	Return completed form to: OMB VENDOR CONTROL PO BOX 221 TRENTON, NJ 08625
Enter your taxpayer identification number and indicate whether it is a social security number or employer identification number by marking the appropriate box.		
		Make any correction to the pre-printed data in the space provided below. Please type or print clearly.
4. Taxpayer Identification Number (Enter your correct TIN below ONLY if it differs from the # printed in the box.)		MARK THE APPROPRIATE BOX: <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> EMPLOYER IDENTIFICATION NO.
5. For Payees exempt Form Backup Withholding (Contact the IRS for instructions)		Requester's name and Address (Optional)
6. Certification: Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number for I am waiting for a number to be issued to me) AND (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.		
PLEASE SIGN HERE	Signature	Date

PART II VENDOR DATA	STATE OF NEW JERSEY VENDOR INFORMATION QUESTIONNAIRE				
1. Enter the code from the list below that best describes your business function: <table style="width: 100%;"><tr><td style="width: 33%;"><u>VENDORS</u> — HC = HEALTH CARE SERVICE (NON-STATE AGENCIES) VG = VENDORS WHO SELL OR MANUFACTURE GOODS VS = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE RENT PAYMENTS <u>MISCELLANEOUS VENDORS</u> OT = OTHER MISCELLANEOUS VENDORS (Please specify):</td><td style="width: 33%;"><u>GOVERNMENTAL ENTITIES</u> AC = AUTHORITY/COMMISSION CF = CONFIDENTIAL FUND CM = COUNTY/MUNICIPAL GOVT. CU = STATE COLLEGE/UNIVERSITY EP = NJ STATE EMPLOYEE</td><td style="width: 33%;">FD = FIRE DISTRICT PC = PETTY CASH SA = STATE AGENCY SD = SCHOOL DISTRICT WB = WELFARE BOARD</td></tr></table>			<u>VENDORS</u> — HC = HEALTH CARE SERVICE (NON-STATE AGENCIES) VG = VENDORS WHO SELL OR MANUFACTURE GOODS VS = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE RENT PAYMENTS <u>MISCELLANEOUS VENDORS</u> OT = OTHER MISCELLANEOUS VENDORS (Please specify):	<u>GOVERNMENTAL ENTITIES</u> AC = AUTHORITY/COMMISSION CF = CONFIDENTIAL FUND CM = COUNTY/MUNICIPAL GOVT. CU = STATE COLLEGE/UNIVERSITY EP = NJ STATE EMPLOYEE	FD = FIRE DISTRICT PC = PETTY CASH SA = STATE AGENCY SD = SCHOOL DISTRICT WB = WELFARE BOARD
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2. Enter Primary Contact Information Below: Phone: _____ Name: _____ Title: _____					
IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.					
3. What is the principal activity of your organization? M=Manufacturing H=Health Related Service — S=Service G=Government O=Other (Please specify):					
4. Enter the code from the list below that best describes your organization: C=Corporation I=Individual P=Partnership — A=Association J=Joint O=Other (Please specify):					
5. Enter your 4 digit County/Municipality Code <u>for NJ Addresses ONLY</u> (See reverse side for appropriate code.)					

NEW JERSEY COUNTY/MUNICIPALITY CODES
(Enter the Appropriate Four-Digit Number on Line 5. Vendor Data)

ATLANTIC COUNTY

0101 - Absecon City
0102 - Atlantic City
0103 - Brigantine City
0104 - Buena Bor.
0105 - Buena Vista Twp.
0106 - Corbin City City
0107 - Egg Harbor City
0108 - Egg Harbor Twp.
0109 - Estell Manor City
0110 - Folsom Bor.
0111 - Galloway Twp.
0112 - Hamilton Twp.
0113 - Hammonton Town
0114 - Linwood City
0115 - Longport Bor.
0116 - Margate City
0117 - Mullica Twp.
0118 - Northfield City
0119 - Pleasantville City
0120 - Port Republic City
0121 - Somers Point City
0122 - Ventnor City
0123 - Weymouth Twp.

BERGEN COUNTY

0201 - Allendale Bor.
0202 - Alpine Bor.
0203 - Bergenfield Bor.
0204 - Bogota Bor.
0205 - Carlstadt Bor.
0206 - Cliffside Park Bor.
0207 - Closter Bor.
0208 - Cresskill Bor.
0209 - Demarest Bor.
0210 - Dumont Bor.
0211 - Elmwood Park Bor.
0212 - East Rutherford Bor.
0213 - Edgewater Bor.
0214 - Emerson Bor.
0215 - Englewood City
0216 - Englewood Cliffs Bor.
0217 - Fair Lawn Bor.
0218 - Fairview Bor.
0219 - Fort Lee Bor.
0220 - Franklin Lakes Bor.
0221 - Garfield City
0222 - Glen Rock Bor.
0223 - Hackensack City
0224 - Harrington Park Bor.
0225 - Hasbrouck Heights Bor.
0226 - Hawthorn Bor.
0227 - Hillsdale Bor.
0228 - Hohokus Bor.
0229 - Leonia Bor.
0230 - Little Ferry Bor.
0231 - Lodi Bor.
0232 - Lyndhurst Twp.
0233 - Mahwah Twp.
0234 - Maywood Bor.
0235 - Midland Park Bor.
0236 - Montvale Bor.
0237 - Moonachie Bor.
0238 - New Milford Bor.
0239 - North Arlington Bor.
0240 - Northvale Bor.
0241 - Norwood Bor.
0242 - Oakland Bor.
0243 - Old Tappan Bor.
0244 - Oradell Bor.
0245 - Palisades Park Bor.
0246 - Paramus Bor.
0247 - Park Ridge Bor.
0248 - Ramsey Bor.
0249 - Ridgefield Bor.
0250 - Ridgefield Park Village
0251 - Ridgewood Village
0252 - Riveredge Bor.
0253 - Rivervale Twp.
0254 - Rochelle Park Twp.
0255 - Rockleigh Bor.
0256 - Rutherford Bor.
0257 - Saddle Brook Twp.
0258 - Saddle River Bor.
0259 - So. Hackensack Twp.
0260 - Teaneck Twp.
0261 - Tenafly Bor.
0262 - Teterboro Bor.
0263 - Upp. Saddle River Bor.
0264 - Waldwick Bor.
0265 - Wallington Bor.
0266 - Washington Twp.
0267 - Westwood Bor.
0268 - Woodcliff Lake Bor.
0269 - Wood Ridge Bor.
0270 - Wyckoff Twp.

BURLINGTON COUNTY

0301 - Bass River Twp.
0302 - Beverly City
0303 - Bordentown City
0304 - Bordentown Twp.

0305 - Burlington City
0306 - Burlington Twp.
0307 - Chesterfield Twp.
0308 - Cinnaminson Twp.
0309 - Delanco Twp.
0310 - Delran Twp.
0311 - Eastampton Twp.
0312 - Edgewater Park Twp.
0313 - Evesham Twp.
0314 - Fieldsboro Bor.
0315 - Florence Twp.
0316 - Hainesport Twp.
0317 - Lambertown Twp.
0318 - Mansfield Twp.
0319 - Maple Shade Twp.
0320 - Medford Twp.
0321 - Medford Lakes Bor.
0322 - Moorestown Twp.
0323 - Mount Holly Twp.
0324 - Mount Laurel Twp.
0325 - New Hanover Twp.
0326 - No. Hanover Twp.
0327 - Palmyra Bor.
0328 - Pemberton Bor.
0329 - Pemberton Twp.
0330 - Riverside Twp.
0331 - Riverton Bor.
0332 - Shamong Twp.
0333 - Southampton Twp.
0334 - Springfield Twp.
0335 - Tabernacle Twp.
0336 - Washington Twp.
0337 - Westampton Twp.
0338 - Willingboro Twp.
0339 - Woodland Twp.
0340 - Wrightstown Bor.

CAMDEN COUNTY

0401 - Audubon Bor.
0402 - Audubon Park Bor.
0403 - Barrington Bor.
0404 - Bellmawr Bor.
0405 - Berlin Bor.
0406 - Berlin Twp.
0407 - Brooklawn Bor.
0408 - Camden City
0409 - Cherry Hill Twp.
0410 - Chesilhurst Bor.
0411 - Clementon Bor.
0412 - Collingswood Bor.
0413 - Gibbsboro Bor.
0414 - Gloucester City
0415 - Gloucester Twp.
0416 - Haddon Twp.
0417 - Haddonfield Bor.
0418 - Haddon Heights Bor.
0419 - Hi Nella Bor.
0420 - Laurel Springs Bor.
0421 - Lawnside Bor.
0422 - Lindenwood Bor.
0423 - Magnolia Bor.
0424 - Merchantville Bor.
0425 - Mt. Ephraim Bor.
0426 - Oaklyn Bor.
0427 - Pennsauken Twp.
0428 - Pine Hill Bor.
0429 - Pine Valley Bor.
0430 - Runnemede Bor.
0431 - Somerdale Bor.
0432 - Stratford Bor.
0433 - Tavistock Bor.
0434 - Voorhees Twp.
0435 - Waterford Twp.
0436 - Winslow Twp.
0437 - Woodlynne Bor.

CAPE MAY COUNTY

0501 - Avalon Bor.
0502 - Cape May City
0503 - Cape May Point Bor.
0504 - Dennis Twp.
0505 - Lower Twp.
0506 - Middle Twp.
0507 - North Wildwood City
0508 - Ocean City City
0509 - Sea Isle City City
0510 - Stone Harbor Bor.
0511 - Upper Twp.
0512 - West Cape May Bor.
0513 - West Wildwood Bor.
0514 - Wildwood City
0515 - Wildwood Crest Bor.
0516 - Woodbine Bor.

CUMBERLAND COUNTY

0601 - Bridgeton City
0602 - Commercial City
0603 - Deerfield Twp.
0604 - Downe Twp.
0605 - Fairfield Twp.
0606 - Greenwich Twp.

0607 - Hopewell Twp.
0608 - Lawrence Twp.
0609 - Maurice River Twp.
0610 - Millville City
0611 - Shiloh Bor.
0612 - Stow Creek Twp.
0613 - Upper Deerfield Twp.
0614 - Vineland City

ESSEX COUNTY

0701 - Belleville Twp.
0702 - Bloomfield Twp.
0703 - Caldwell Borough Twp.
0704 - Cedar Grove Twp.
0705 - East Orange City
0706 - Essex Falls Twp.
0707 - Fairfield Twp.
0708 - Glen Ridge Twp.
0709 - Irvington Twp.
0710 - Livingston Twp.
0711 - Maplewood Twp.
0712 - Millburn Twp.
0713 - Montclair Twp.
0714 - Newark City
0715 - North Caldwell Twp.
0716 - Nutley Twp.
0717 - Orange City Twp.
0718 - Roseland Bor.
0719 - South Orange Village
0720 - Verona Twp.
0721 - West Caldwell Twp.
0722 - West Orange Twp.

GLOUCESTER COUNTY

0801 - Clayton Bor.
0802 - Deptford Twp.
0803 - East Greenwich Twp.
0804 - Elk Twp.
0805 - Franklin Twp.
0806 - Glassboro Bor.
0807 - Greenwich Twp.
0808 - Harrison Twp.
0809 - Logan Twp.
0810 - Mantua Twp.
0811 - Monroe Twp.
0812 - National Park Bor.
0813 - Newfield Bor.
0814 - Paulsboro Bor.
0815 - Pitman Bor.
0816 - South Harrison Twp.
0817 - Swedesboro Twp.
0818 - Washington Twp.
0819 - Weshonah Bor.
0820 - West Deptford Twp.
0821 - Westville Bor.
0822 - Woodbury City
0823 - Woodbury Heights Bor.
0824 - Woolwich Twp.

HUDSON COUNTY

0901 - Bayonne City
0902 - East Newark Bor.
0903 - Guttenburg Town
0904 - Harrison Town
0905 - Hoboken City
0906 - Jersey City City
0907 - Kearny Town
0908 - North Bergen Twp.
0909 - Secaucus Town
0910 - Union City City
0911 - Weehawken Twp.
0912 - West New York

HUNTERDON COUNTY

1001 - Alexandria Twp.
1002 - Bethlehem Twp.
1003 - Bloomsbury Bor.
1004 - Calton Bor.
1005 - Clinton Town
1006 - Clinton Twp.
1007 - Delaware Twp.
1008 - East Amwell Twp.
1009 - Flemington Bor.
1010 - Franklin Twp.
1011 - Frechtown Bor.
1012 - Glen Gardner Bor.
1013 - Hampton Bor.
1014 - High Bridge Bor.
1015 - Holland Twp.
1016 - Kingwood Twp/
1017 - Lambertville City
1018 - Lebanon Bor.
1019 - Lebanon Twp.
1020 - Milford Bor.
1021 - Raritan Twp.
1022 - Readington Twp.
1023 - Stockton Bor.
1024 - Tewksbury Twp.
1025 - Union Twp.
1026 - West Amwell Twp.

MERCER COUNTY

1101 - East Windsor Twp.
1102 - Ewing Twp.
1103 - Hamilton Twp.
1104 - Hightstown Bor.
1105 - Hopewell Bor.
1106 - Hopewell Twp.
1107 - Lawrence Twp.
1108 - Pennington Bor.
1109 - Princeton Bor.
1110 - Princeton Twp.
1111 - Trenton City
1112 - Washington Twp.
1113 - West Windsor Twp.

MIDDLESEX COUNTY

1201 - Carteret Bor.
1202 - Cranbury Twp.
1203 - Dunellen Bor.
1204 - East Brunswick
1205 - Edison Twp.
1206 - Helmetta Bor.
1207 - Highland Park Bor.
1208 - Jamesburg Bor.
1209 - Metuchen Bor.
1210 - Middlesex Bor.
1211 - Milltown Bor.
1212 - Monroe Twp.
1213 - New Brunswick City
1214 - North Brunswick Twp.
1215 - Old Bridge Twp.
1216 - Perth Amboy City
1217 - Piscataway Twp.
1218 - Plainsboro Twp.
1219 - Sayreville Bor.
1220 - South Amboy City
1221 - South Brunswick Twp.
1222 - South Plainfield Bor.
1223 - South River Bor.
1224 - Spotswood Twp.
1225 - Woodbridge Twp.

MONMOUTH COUNTY

1301 - Aberdeen Twp.
1302 - Allenhurst Bor.
1303 - Allentown Bor.
1304 - Asbury Park City
1305 - Atlantic Highlands Bor.
1306 - Avon-by-the-sea Bor.
1307 - Belmar Bor.
1308 - Bradley Beach Bor.
1309 - Brielle Bor.
1310 - Colts Neck Twp.
1311 - Deal Bor.
1312 - Eatontown Bor.
1313 - Englishtown Bor.
1314 - Fair Haven Bor.
1315 - Farmingdale
1316 - Freehold Bor.
1317 - Freehold Twp.
1318 - Hazlet Twp.
1319 - Highlands Bor.
1320 - Holmdel Twp.
1321 - Howell Twp.
1322 - Interlaken Bor.
1323 - Keansburg Bor.
1324 - Keyport Bor.
1325 - Little Silver Bor.
1326 - Loch Arbour Village
1327 - Long Branch City
1328 - Manalapan Twp.
1329 - Manasquan Bor.
1330 - Marlboro Twp.
1331 - Matawan Bor.
1332 - Middletown Twp.
1333 - Millstone Twp.
1334 - Monmouth Beach Bor.
1335 - Neptune Twp.
1336 - Neptune City Bor.
1337 - Ocean Twp.
1338 - Oceanport Bor.
1339 - Red Bank Bor.
1340 - Roosevelt Bor.
1341 - Rumson Bor.
1342 - Sea Bright Bor.
1343 - Sea Girt Bor.
1344 - Shrewsbury Bor.
1345 - Shrewsbury Twp.
1346 - South Belmar Bor.
1347 - Spring Lake Bor.
1348 - Spring Lake Hgts Bor.
1349 - Tinton Falls Bor.
1350 - Union Beach Bor.
1351 - Upper Freehold Twp.
1352 - Wall Twp.
1353 - West Long Branch Bor.

1404 - Chatham Bor.
1405 - Chatham Twp.
1406 - Chester Bor.
1407 - Chester Twp.
1408 - Denville Twp.
1409 - Dover Twp.
1410 - East Hanover Twp.
1411 - Florham Park Bor.
1412 - Hanover Twp.
1413 - Harding Twp.
1414 - Jefferson Twp.
1415 - Kinnelon Bor.
1416 - Lincoln Park Bor.
1417 - Madison Bor.
1418 - Mendham Bor.
1419 - Mendham Twp.
1420 - Mine Hill Twp.
1421 - Montville Twp.
1422 - Morris Twp.
1423 - Morris Plains Bor.
1424 - Morristown Town
1425 - Mountain Lakes Bor.
1426 - Mount Arlington Bor.
1427 - Mount Olive Twp.
1428 - Netcong Bor.
1429 - Par-Troy Hills Twp.
1430 - Passaic Twp.
1431 - Pequannock Twp.
1432 - Randolph Twp.
1433 - Riverdale Bor.
1434 - Rockaway Bor.
1435 - Rockaway Twp.
1436 - Roxbury Twp.
1437 - Victory Gardens Bor.
1438 - Washington Twp.
1439 - Wharton Bor.

OCEAN COUNTY

1501 - Barnegat Twp.
1502 - Barnegat Light Bor.
1503 - Bay Head Bor.
1504 - Beach Haven Bor.
1505 - Beachwood Bor.
1506 - Berkeley Twp.
1507 - Brick Twp.
1508 - Dover Twp.
1509 - Eagleswood Twp.
1510 - Harvey Cedars Bor.
1511 - Island Heights Bor.
1512 - Jackson Twp.
1513 - Lacey Twp.
1514 - Lakelhurst Bor.
1515 - Lakewood Twp.
1516 - Lavellette Bor.
1517 - Little Egg Harbor Twp.
1518 - Long Beach Twp.
1519 - Manchester Twp.
1520 - Mantoloking Bor.
1521 - Ocean Twp.
1522 - Ocean Gate Bor.
1523 - Pine Beach Bor.
1524 - Plumsted Twp.
1525 - Pt. Pleasant Bor.
1526 - Pt. Pleasant Bch. Bor.
1527 - Seaside Heights Bor.
1528 - Seaside Twp.
1529 - Ship Bottom Bor.
1530 - South Toms River Bor.
1531 - Stafford Twp.
1532 - Surf City Bor.
1533 - Tuckerton Bor.

PASSAIC COUNTY

1601 - Bloomingdale Bor.
1602 - Clifton City
1603 - Haledon Bor.
1604 - Hawthorne Bor.
1605 - Little Falls Twp.
1606 - North Haledon Bor.
1607 - Passaic City
1608 - Paterson City
1609 - Pompton Lakes Bor.
1610 - Prospect Park Bor.
1611 - Ringwood Bor.
1612 - Totowa Bor.
1613 - Wanaque Bor.
1614 - Wayne Twp.
1615 - West Milford Twp.
1616 - West Paterson Bor.

SALEM COUNTY

1701 - Alloway Twp.
1702 - Carneys Point Twp.
1703 - Elmer Bor.
1704 - Elsinboro Twp.
1705 - Low.Allallows Crk Twp.
1706 - Mannington Twp.
1707 - Oldmans Twp.
1708 - Penns Grove Bor.
1709 - Pennsville Twp.
1710 - Pilesgrove Twp.

1711 - Pittsgrove Twp.
1712 - Quinton Twp.
1713 - Salem City
1714 - Upper Pittsgrove Twp.
1715 - Woodstown Bor.

SOMERSET COUNTY

1801 - Bedminster Twp.
1802 - Bernards Twp.
1803 - Bernardsville Bor.
1804 - Bound Brook Bor.
1805 - Branchburg Twp.
1806 - Bridgewater Twp.
1807 - Far Hills Bor.
1808 - Franklin Twp.
1809 - Green Brook Twp.
1810 - Hillsborough Twp.
1811 - Manville Bor.
1812 - Millstone Bor.
1813 - Montgomery Twp.
1814 - North Plainfield Bor.
1815 - Peapack-Gladstone Bor.
1816 - Raritan Bor.
1817 - Rocky Hill Bor.
1818 - Somerville Bor.
1819 - South Bound Brook Bor.
1820 - Warren Twp.
1821 - Watchung Bor.

SUSSEX COUNTY

1901 - Andover Bor.
1902 - Andover Twp.
1903 - Branchville Bor.
1904 - Byram Twp.
1905 - Frankford Twp.
1906 - Franklin Bor.
1907 - Fredon Twp.
1908 - Green Twp.
1909 - Hamburg Bor.
1910 - Hampton Twp.
1911 - Hardystown Twp.
1912 - Hopatcong Bor.
1913 - Lafayette Twp.
1914 - Montague Twp.
1915 - Newton Town
1916 - Ogdenburg Bor.
1917 - Sandyston Twp.
1918 - Sparta Twp.
1919 - Stanhope Bor.
1920 - Stillwater Twp.
1921 - Sussex Bor.
1922 - Vernon Twp.
1923 - Walpack Twp.
1924 - Wantage Twp.

UNION COUNTY

2001 - Berkeley Heights Twp.
2002 - Clark Twp.
2003 - Cranford Twp.
2004 - Elizabeth City
2005 - Fanwood Bor.
2006 - Garwood Bor.
2007 - Hillside Twp.
2008 - Kenilworth City
2009 - Linden City
2010 - Mountainside Bor.
2011 - New Providence Bor.
2012 - Plainfield City
2013 - Rahway City
2014 - Roselle Bor.
2015 - Roselle Park Bor.
2016 - Scotch Plains
2017 - Springfield Twp.
2018 - Summit City
2019 - Union Twp.
2020 - Westfield Twp.
2021 - Winfield Twp.

WARREN COUNTY

2101 - Allamuchy Twp.
2102 - Alpha Bor.
2103 - Belvidere Town
2104 - Blairstown Twp.
2105 - Franklin Twp.
2106 - Frinkinghysen Twp.
2107 - Greenwich Twp.
2108 - Hackettstown Town
2109 - Hardwick Twp.
2110 - Harmony Twp.
2111 - Hope Twp.
2112 - Independence Twp.
2113 - Knowlton Twp.
2114 - Liberty Twp.
2115 - Lopatcong Twp.
2116 - Mansfield Twp.